

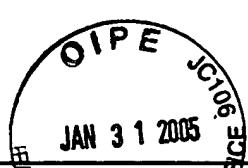


2155
SPW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/844,153
		Filing Date	April 27, 2001
		First Named Inventor	Eydelman
		Group Art Unit	2155
		Examiner Name	P. Tran
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	MS 126551.04

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Office Action (16 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation & Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) __	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) <input checked="" type="checkbox"/> Copy of Patent Assignment document (4 pages) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	
CERTIFICATE OF MAILING OR TRANSMISSION <i>(Under 37 CFR § 1.8(a))</i> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____ 01-26-2005 <i>[Signature]</i> Date 01-26-2005 <i>[Signature]</i> Printed Name Ramma N. Oks			
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			

SIGNATURE OF ATTORNEY OR AGENT					
Signature	<i>David S. Lee</i>	Reg. No.	38,222		
Name of Attorney or Agent		David S. Lee			
Date	<u>January 26, 2005</u>	Tel.	(425) 703-8092	Facsimile No.	(425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		



Effective on 12/04/04
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4888).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

Complete if Known

Application Number	09/844,153
Filing Date	April 27, 2001
First Named Inventor	Eydelman
Examiner Name	P. Tran
Art Unit	2155
Attorney Docket No.	MS 126551.04
Express Mail Label No.	N/A

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Fee (\$) Small Entity Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Fee (\$) Small Entity Fee (\$)

Multiple dependent claims Fee (\$) Small Entity Fee (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
37	- 37 or HP= 0	x 50	= 0.00			
	HP = highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
2	- 2 or HP= 0	x 200	= 0.00			
	HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = 0	/ 50 = 0	(round up to a whole) number x 250 = 0		

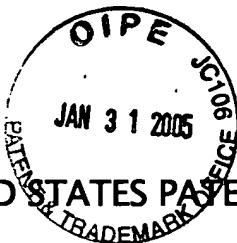
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee (\$) 0

Other: Fee (\$) 0

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 38,222	Telephone (425) 703-8092
Name (Print/Type)	David S. Lee		Date January 26, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.: 09/844153
Filing Date: April 27, 2001
Inventors: Eydelman, et al.
Applicant: Microsoft Corporation
Group Art Unit: 2155
Examiner: P. Tran
Confirmation No.: 1777
Applicant's Docket No.: 126551.04
Title: An Adaptive Flow Control Protocol

RESPONSE TO OFFICE ACTION DATED DECEMBER 6, 2004
REQUEST FOR RECONSIDERATION

To: MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: David S. Lee
Customer No. 38991

Sir:

In response to the Office Action of December 6, 2004, in connection with the above-identified application, the following remarks are submitted. Favorable consideration is respectfully requested.